MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

APPLICANT(S)

ERIAL NO.	
10/0	91119
10/3	10//

FILING DATE

CLAIMS

IND. DEP. IND. DEP. IND. DEP. 1		AS FILED		AFTER 1"AMENDMENT		AFTER 2 ¹⁰¹ AMENDMENT	
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TOTAL CLAIMS			79			